## OFFICE OF THE GOVERNOR GRANTS PROGRAM

FVPSA FY 2006

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KANSAS 66612-1590 FAX: (785) 291-3204

## **FINANCIAL STATUS REPORT**

(Due 25 Days After Close of Each Month or the First Business Day, by 5:00 P.M.)

The information provided on this report will be used to monitor subgrantee cash flow. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing laws and regulations

					less this report is com	ipleted and filed as required by	existing laws and regulations
1. NAME/ADDRESS OF SUBGRANTEE ORGANIZATION 2. GRANT F		<ol><li>GRANT PROJECT N</li></ol>	IUMBER	<ol><li>VENDOR IDENTIFIC</li></ol>	ATION NUMBER OR	4. FINAL REPORT ('X' O	. '
				FEDERAL EMPLOYER ID NUMBER		NO	YES
		5. BASIS OF ACCOUNTING ('X' ONE)		6. PROJECT PERIOD (MO, DAY, YR)		7. REPORT PERIOD (MC	
		CASH	ACCRUAL	FROM: 07/01/05	TO: 06/30/06		TO:
GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY							
BUDGET CATEGORY	Approved Budget (Total Project)	Period Expenditures (Federal Funds)	Period Expenditures (Non-Federal Match)	To Date Expenditures (Federal Funds)	To Date Expenditures (Non-Federal Match)	Obligations (Total Project)	Funds Remaining (Total Project)
A. Personnel Expenditures							
B. Fringe Benefit Expenditures							
C. Travel/Training Expenditures							
D. Supplies & Communications Expenditures							
E. Facility Cost Expenditures							
F. Equipment Expenditures							
G. Contractual Services Expenditures							
H. Other Expenditures							
I. Total Expenditures							
CERTIFICATION							
					TELEPHONE NUMBER		
CERTIFICATION			AUTHORIZED CERTIFYING OFFICIAL (Type or Print)			AREA CODE	NUMBER WITH EXT.
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE						FOR OFFICE OF THE GOVERNOR USE	
AND BELIEF THIS REPORT IS CORRECT AND COMPLETE			SIGNATURE DATE			APPROVED BY OFFICE	DATE APPROVED
AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS						OF THE GOVERNOR	
FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.							